

## Witness Statement Form

Today's Date: \_\_\_\_\_ Date of Accident/Injury: \_\_\_\_\_

Time of Accident/Injury: \_\_\_\_\_ a.m. / p.m.

What were you doing prior to the accident/injury occurring? \_\_\_\_\_

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In detail, what did you actually see happen? \_\_\_\_\_

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\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

*In signing this statement, I am stating that the facts related are true to the best of my knowledge. I also understand that willfully making a false statement concerning an accident/injury that I witnessed will result in disciplinary action to include possible termination of my employment.*